

Lab Safety

Dates: TBA

Location: Independent Study with one half day meeting

Credit: USOE or SUU

Instructor: Kim Weaver

Instructor Contact Information: weaver@suu.edu (435)865-8047

Registration Fee and Deposit: \$275 registration fee; \$ 45 deposit payable to Southern Utah University

Send registration form and deposit to:

Kate Grandison

Biology Department

Southern Utah University, Cedar City, UT 84720

Registration Contact Information:

Kate Grandison

Biology Department

Southern Utah University, Cedar City, UT 84720

grandison@suu.edu

(435)865-8345

Course Description:

This course will give participants the knowledge necessary to provide a safe classroom and laboratory. Participants will gain knowledge concerning various aspects of laboratory safety including safety equipment, MSDS Sheets, chemical disposal, chemical safety plans, etc. In addition, successful participants will create their own safety plan specific to their school circumstances. You will receive a Science Safety book for independent study and then meet for a half day to prepare your final lab safety plan. This workshop will fulfill the safety certification requirement for the physical science endorsement.



2007 Science Professional Development Registration Form

(Duplicate as Necessary)

Mail to:

Workshop Contact:

Sessions fill on a first-come basis. Register early to secure your place.

Workshop Title	Date	Location	Registration Fee
			\$ 275.00

Contact Information:

Teacher: _____
District: _____
School: _____
Grade Level/Subject: _____
Home Address: _____

City: _____ Zip: _____
Home phone: _____
School phone: _____
CACTUS # : _____
E-mail: _____

Commitment to Attend & District Approval:

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: _____

Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ **PERSONAL** Check # _____ enclosed **OR**

☐ **SCHOOL** _____ **OR**
Principal

☐ **DISTRICT** _____
District Representative

**Please contact your school or district to determine if approval is needed prior to registration.*

☐ Bill to This Address

Return this completed registration form and your refundable deposit check to the workshop contact listed above.

A separate registration form must be submitted for each workshop you plan to attend.